

# CHILD SUPPORT

# 1

## **To Change An Existing Court Order 15% or more Increase or Decrease**

Part 1: Filing the Court Papers  
(Simplified Process)  
(Forms Packet)



**SELF SERVICE CENTER**  
**TO CHANGE A COURT ORDER FOR CHILD SUPPORT**  
**Simplified Process**

**PART 1: FILING THE COURT PAPERS**

**How to assemble these documents:** This packet contains court forms to file a ***“Request to Modify a Court Order for Child Support --Simplified Process.”*** Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMSS1ft	Table of forms in this packet	1
2	DRMSS1k	Checklist to file	1
3	DRM10f	<b><i>“Family Court Post-Decree Coversheet”</i></b>	3
4	DRMSS11f	<b><i>“Request to Modify --Simplified Process”</i></b>	2
5	DRS12f	<b><i>“Parent’s Worksheet”</i></b>	8
6	DRS81f	<b><i>“Child Support Order”</i></b>	4
7	DRS82f	<b><i>“Order of Assignment”</i></b>	1
8	DRS88f	<b><i>“Current Employer Information Sheet”</i></b>	1
9	DRS89f	<b><i>“Judgment Data Sheet”</i></b>	1

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## SELF SERVICE CENTER

# PETITION AND PAPERS TO MODIFY CHILD SUPPORT ORDER (Simplified Process)

## CHECKLIST

**USE THE FORMS and instructions in this packet ONLY if the following factors apply to your situation:**

- ✓ You have an Arizona child support order, **AND**
- ✓ You believe the amount you receive or are required to pay should increase or decrease by more than 15%.

**WARNING.** Sometimes all you need to do is modify the *current “Order of Assignment.”* It is always a good idea to read the checklist for the packet called: “Assignment: To Stop or Change an Existing Court Order,” **before** asking for this packet.

Typically, this procedure is used when there has been a change in the income of the parent(s).

**DO NOT USE THE FORMS and instructions in this packet if the following factors apply to your situation**

- ✓ Do **not** use these forms to change spousal support/maintenance (alimony); **OR**
- ✓ Do **not** use these forms if your order is from a state other than Arizona; **OR**
- ✓ Do **not** use these forms if the amount of the change in the order is not at least 15%; **OR**
- ✓ Do **not** use these forms if the reason you are requesting the change is because the living arrangements of the child(ren) have changed.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona  
Maricopa County**

**Family Court Cover Sheet**

**For use with Minor Children**

**Check only one box that matches  
the legal procedure for which you are  
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of  
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of  
Assignment Only**
- ☐ **Enforcement of Custody, Parenting  
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

\_\_\_\_\_  
Case Number from existing FC case

\_\_\_\_\_  
ATLAS number(s) if applicable

**Instructions:**

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink
- If more room is needed for children or Petitioner/Respondent, please attach a separate page
- You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below

**Information About the Petitioner:**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, Zip:**

\_\_\_\_\_

**Home phone #:**

\_\_\_\_\_

**Information About the Respondent:**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, Zip:**

\_\_\_\_\_

**Home phone #:**

\_\_\_\_\_

Work phone number:

\_\_\_\_\_

Cell phone/pager:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Security #:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Work phone number:

\_\_\_\_\_

Cell phone/pager:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Security:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Lawyer's Name and Bar Number: \_\_\_\_\_

(Provide this information only if YOU have an attorney)

**Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.**

\_\_\_\_\_

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. \_\_\_\_\_

**Domestic Violence Section**

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: \_\_\_\_\_

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? \_\_\_\_\_

### Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

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**INTERPRETER.** Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other \_\_\_\_\_

**LOCATION.** (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

(1) Person Filing: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Atlas Number: \_\_\_\_\_

Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
COUNTY OF \_\_\_\_\_(2)**

(3) \_\_\_\_\_  
Petitioner,

Case Number: (5) \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**REQUEST TO MODIFY  
CHILD SUPPORT  
SIMPLIFIED PROCEDURE**

(4) \_\_\_\_\_  
Respondent,

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION (CHANGE).**

Your support order may be modified (changed) if you do **not** request a hearing.

I, (6) \_\_\_\_\_, ask this court to modify (change) the Arizona  
(Name of Obligor/Obligee (Person Requesting Change))  
child support order in this case entered on (7) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by (8) \_\_\_\_\_.  
Judge or Commissioner

1. The child support order currently in effect requires (9) \_\_\_\_\_ to make payments of  
(10) \$ \_\_\_\_\_ per \_\_\_\_\_, payable on the \_\_\_\_\_ day(s) of the month.
2. Attached is a Parent's Worksheet for child support. According to the worksheet calculations (item 36), the child support amount should be (11) \$ \_\_\_\_\_ per month.
3. The following calculations show that the requested change varies from the current ordered child support by 15% or more.  
(12)(a) (b) \_\_\_\_\_ = (c) \_\_\_\_\_ %  
a = the difference between the amount currently ordered and the amount requested;  
b = the amount currently ordered; and,  
c = the percentage change
4. Is the Department of Economic Security (DES) providing child support enforcement services to at least one of the parties? (13) ☐ Yes ☐ No ☐ Unknown

If YES, see instructions, page 2, "When You Have Completed This Form."

5. Other court-ordered payments included in the current Order of Assignment dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Spousal Maintenance/Support(14) \$ \_\_\_\_\_ per \_\_\_\_\_  
Payments on Arrears:  
Child Support \$ \_\_\_\_\_ per \_\_\_\_\_  
Spousal Maintenance/Support \$ \_\_\_\_\_ per \_\_\_\_\_  
Other \$ \_\_\_\_\_ per \_\_\_\_\_

**RELIEF REQUESTED: (WHAT I WANT THIS COURT TO DO.)**

- A. I request that child support be ordered in the amount of **(15)** \$ \_\_\_\_\_ per month and that relief requested in the Parent's Worksheet be ordered.
- B. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

**OATH AND VERIFICATION**

I have read this document and the information given is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_ **(16)** \_\_\_\_\_  
Person Filing Request to Change Child Support

STATE OF ARIZONA

County of \_\_\_\_\_ ss.

Subscribed and or sworn or affirmed and acknowledged before me this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\_\_\_\_\_  
Notary Expiration Date

\_\_\_\_\_  
Notary Public or Clerk

**NOTICE TO PARTIES**

If you do **not** agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. If either party requests a hearing within the time allowed, the court will set a hearing. No order will be modified without a hearing if a hearing is requested. If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court or the Self-Service Center for a charge or download them for free from the internet at:

[http://www.superiorcourt.maricopa.gov/ssc/forms/fc\\_drmss3.asp](http://www.superiorcourt.maricopa.gov/ssc/forms/fc_drmss3.asp)

- ◆ Request for Hearing and Notice of Hearing
- ◆ Parent's Worksheet for Child Support Amount

An arrearage calculation may be completed on your case. If it is determined that there is an overpayment or an arrearage owing, the monthly obligation could be adjusted to bring your case current.



(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: ☐ Self ☐ Attorney  
State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**IN \_\_\_\_\_(2) COUNTY**

(3) \_\_\_\_\_ )  
Petitioner/Plaintiff, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )  
VS. \_\_\_\_\_ )  
\_\_\_\_\_) )  
(4) \_\_\_\_\_ )  
Respondent/Defendant, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )

Case No. (5) \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**PARENT'S WORKSHEET  
FOR CHILD SUPPORT AMOUNT**

Prepared By:  
(6) ☐ Father ☐ Mother  
☐ Court ☐ State

**MONTHLY GROSS INCOME**

**Total Monthly Gross Income**

(7) Estimated/Attributed to: ☐ Father ☐ Mother  
(Explanation is required on the sheets following  
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

\_\_\_\_\_ ( 8) \_\_\_\_\_

**ADJUSTMENTS TO MONTHLY GROSS INCOME**

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid \_\_\_\_\_ ( 9) \_\_\_\_\_  
Court-Ordered Child Support Actually Paid or \_\_\_\_\_ (10) \_\_\_\_\_  
Contributed for Children of Other Relationships

Cost of Supporting Children of Other Relationships \_\_\_\_\_ (11) \_\_\_\_\_  
(Explanation is required on the sheets following the  
signature page at Item 11)

**Adjusted Monthly Gross Income for Each Parent** \_\_\_\_\_ (12) \_\_\_\_\_  
(add or subtract lines 9 through 11 from line 8)

**COMBINED ADJUSTED MONTHLY GROSS INCOME**

Add both amounts from line 12 together.

(13) \_\_\_\_\_

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

### **BASIC CHILD SUPPORT OBLIGATION**

Number of children for whom support is requested: (14) \_\_\_\_\_  
provide details on the sheets following the  
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) \_\_\_\_\_

### **ADJUSTMENTS FOR NECESSARY EXPENSES**

You may need to complete items 30-31; (Explanation is required  
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
<b>Total Adjustments for Necessary Expenses</b>	(22)	_____

### **TOTAL CHILD SUPPORT OBLIGATION**

Total Child Support Obligation (add lines 15 and 22) (23) \_\_\_\_\_

### **EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME**

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

### **EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION**

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation \_\_\_\_\_ (29) \_\_\_\_\_

**COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:**

Father

Mother

**ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION**

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days \_\_\_\_\_ Per year (Explain on page 7)

Visitation Table Percentage \_\_\_\_\_ X Line 15 = \_\_\_\_\_ (30) \_\_\_\_\_

**MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT**

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] \_\_\_\_\_ (31) \_\_\_\_\_

**CHILD CARE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRA EDUCATION ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) \_\_\_\_\_ (31) \_\_\_\_\_

**COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) \_\_\_\_\_ (31) \_\_\_\_\_

**ADJUSTMENTS SUBTOTAL**

Add lines 30 and 31. \_\_\_\_\_ (32) \_\_\_\_\_

**PRELIMINARY CHILD SUPPORT AMOUNT**

Deduct line 32 from line 29. \_\_\_\_\_ (33) \_\_\_\_\_

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

Father

Mother

**EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL**

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

\_\_\_\_\_ (34) \_\_\_\_\_

**MULTIPLE CHILDREN, DIVIDED CUSTODY**

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

\_\_\_\_\_ (35) \_\_\_\_\_

**SELF-SUPPORT RESERVE TEST**

Paying parent's Adjusted Gross Income from line 12

\_\_\_\_\_ (12) \_\_\_\_\_

Minus reserve

( \$710 ) (36a) ( \$710 )

Minus arrears

( ) (36b) ( )

RESULT

\_\_\_\_\_ (37) \_\_\_\_\_

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY  
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

\_\_\_\_\_ (38) \_\_\_\_\_

**DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT**

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

\_\_\_\_\_ (39) \_\_\_\_\_

**RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES**

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

\_\_\_\_\_ (40) \_\_\_\_\_

**RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE**

Father

Mother

Percentage of uninsured medical expenses that each parent should pay.

\_\_\_\_\_ (41) \_\_\_\_\_

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing (42)

State of Arizona )  
 )ss.  
County of \_\_\_\_\_)

Acknowledged before me on this date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney Filing

**BASIS FOR AMOUNTS SHOWN ON WORKSHEET**

**( 7) Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

**(11) Cost of Supporting Children of Other Relationships** - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name(s)	Date(s) of Birth(s)	Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(14) Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(17) Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

**Custodial Parent**

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

**Non-custodial Parent**

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

**(21) Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

**(30) Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

**(34) Equal Time Sharing, Unequal Incomes** – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

Divide the Amount of the Result by 2 (Result ÷ 2) = \_\_\_\_\_

**(35) Multiple Children, Divided Custody** – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

**(39) Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

**Requested Support Amount: \$** \_\_\_\_\_

**(40) Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered.  
(Guidelines 16)

**Federal Tax Exemption** - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

**Other Requests** - Identify and explain any additional issues you want the court to address.



**SUPERIOR COURT OF ARIZONA**  
**(1) MARICOPA COUNTY**

(3) \_\_\_\_\_ )  
Petitioner/Plaintiff, \_\_\_\_\_ )  
\_\_\_\_\_ )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )  
vs. \_\_\_\_\_ )  
(4) \_\_\_\_\_ )  
Respondent/Defendant, \_\_\_\_\_ )  
\_\_\_\_\_ )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )

Case No. (2) \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**CHILD SUPPORT ORDER**

**THE COURT FINDS THAT:**

1. The parties have a duty to support the following child(ren):

Name(s) Date(s) of Birth(s) Social Security Number(s)

(14) \_\_\_\_\_

2. The parties' circumstances are as follows:

FATHER

MOTHER

COMBINED

Gross Monthly Income	_____ ( 8)	_____	_____
Spousal Maintenance/Support Paid	_____ ( 9)	_____	_____
Child Support for Other Children Paid	( _____ ) (10)	( _____ )	_____
Adjustment for Supporting Other Children	( _____ ) (11)	( _____ )	_____

<b>Adjusted Monthly Gross Income</b>	_____ (12)	_____ (13)	_____
Basic Child Support Obligation		(15)	_____

**Adjustments to Child Support Obligation:**

Medical/Dental Insurance Premium	_____ (16)	_____
Child Care	_____ (17)	_____
Adjusted for Tax Exemption	_____ (17a)	_____
Extra Education	_____ (18)	_____
Court-ordered Visitation/Exchange	_____ (19)	_____
Extraordinary Child	_____ (20)	_____
Child(ren) 12 or Older	(21) _____	
0 - 10% _____		
<b>Total Adjustments</b>	(22) _____	

**Total Monthly Child Support Obligation** (23) \_\_\_\_\_

Each Parent's Proportionate Share of Income	_____ % (26)	_____ %
Each Parent's Support Obligation	_____ (29)	_____
Adjustment for Costs Associated with Visitation	( _____ ) (30)	( _____ )
Using <input type="checkbox"/> Table A <input type="checkbox"/> Table B		

Medical/Dental Insurance Premium Adjustment ( ) (31a) ( )  
Child Care Adjustment ( ) (31b) ( )  
Extra Education Adjustment ( ) (31c) ( )  
Extraordinary Child Adjustment ( ) (31d) ( )  
Visitation/Exchange Adjustment ( ) (31e) ( )

**Adjustments Subtotal** \_\_\_\_\_ (32) \_\_\_\_\_

**Preliminary Child Support Amount** \_\_\_\_\_ (33) \_\_\_\_\_

Equal Time Sharing, Unequal Incomes \_\_\_\_\_ (34) \_\_\_\_\_

Multiple Children, Divided Custody \_\_\_\_\_ (35) \_\_\_\_\_

**Self Support Reserve Test**

Paying party's Adjusted Gross Income  
from line 12 \_\_\_\_\_ (12) \_\_\_\_\_

Minus reserve ( \$710 ) (36a) ( \$710 )

Minus arrears ( ) (36b) ( )

**RESULT** \_\_\_\_\_ (37) \_\_\_\_\_

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED:** \_\_\_\_\_ (38) \_\_\_\_\_

**3. Paying Party's employer/payor is:**

Name: \_\_\_\_\_

Payroll Dept. Address: \_\_\_\_\_

**4. Written Findings for Physical Custody Adjustment and/or Other Adjustments:** \_\_\_\_\_

**5. The court finds that the paying party has the ability to pay child support in the amount from line 38:**  
\$ \_\_\_\_\_

**6. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reason(s):**

- ☐ Application of the guidelines is inappropriate.
- ☐ Application of the guidelines is unjust.
- ☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

**The court makes the following findings regarding the deviation:**

- ☐ The child support order would have been \$ \_\_\_\_\_
- ☐ The child support order after deviation is \$ \_\_\_\_\_
- ☐ All parties have signed the agreement free of duress and coercion.
- ☐ \_\_\_\_\_

**IT IS ORDERED THAT:**

- A. The ☐Petitioner ☐Respondent shall pay child support of \$ \_\_\_\_\_ per month to the other party. The first payment is due on \_\_\_\_/\_\_\_\_/\_\_\_\_. If this is a modification of child support, all other prior orders of this court not modified herein remain in full force and effect.
- B. The court finds that an arrearage exists in the amount of \$ \_\_\_\_\_ for the period of time of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. The ☐Petitioner ☐Respondent shall pay an arrearage payment of \$ \_\_\_\_\_ per month to the other party with the first arrearage payment due on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- C. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment assigned this date. At any time the paying party's employer/payor is not paying pursuant to an Order of Assignment, the paying party must make full and timely payment directly to:

Support Payment Clearinghouse  
P.O. Box 52107  
Phoenix, AZ 85072-2107

**Payments not made through the Clerk of the Court/Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the paying party's name.**

**IMPORTANT NOTICE:** Under state law (section 25-503, subsection I, Arizona Revised Statutes) the right to collect unpaid child support payments ends three years after the last child included in the child support order \*emancipates. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount due before the end of the three year period. (Limited exceptions exist and are found in A.R.S. § 25320.B.).

\*A child is emancipated:

- On the date of the child's marriage.
- On the child's 18<sup>th</sup> birthday.
- When the child is adopted.
- When the child dies.
- When the support obligation is terminated by court if support is extended beyond the age of 18.

- D. Unless the court has ordered otherwise, the parties affected by this order shall notify the Clerk of the Court/Clearinghouse of their addresses and shall notify the Clerk/Clearinghouse of any change of address within ten (10) days. The paying party shall also notify the Clerk/Clearinghouse of the names and addresses of the paying party's employers or other payors and, within ten (10) days, of any changes thereof.
- E. The costs of visitation-related travel/transportation shall be shared by the parties as follows:  
Father: \_\_\_\_\_ Mother: \_\_\_\_\_

F. ☐ Petitioner ☐ Respondent is responsible for providing medical and/or dental insurance for the child(ren).  
☐ Petitioner ☐ Respondent shall pay \_\_\_\_\_% of any uninsured medical/dental expenses and the other party shall pay the remainder.

G. The parties shall:

☐ Exchange financial information such as copies of tax returns, earnings statements, and a Parent's Worksheet every 24 months.

☐ Exchange residential addresses and the names and addresses of their employers every 24 months.

☐ \_\_\_\_\_.

H. The court allocates the tax exemption(s) as follows:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge or Commissioner

## THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) \_\_\_\_\_ )  
Petitioner/Plaintiff )  
 )  
vs. )  
(2) \_\_\_\_\_ )  
Respondent/Defendant )

(3) Case Number: \_\_\_\_\_

(4) ATLAS Number: \_\_\_\_\_

### ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**This order modifies and replaces any previous "Order of Assignment" with the same case number.**

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
<b>TOTAL AMOUNT</b> per month	<b>\$ _____, but no more than</b>

**50% of disposable earnings** (A.R.S. § 33-1131). \*The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

**You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."**

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

**Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judicial Officer or Clerk of Superior Court

## CURRENT EMPLOYER INFORMATION

This form must be completed for:

- An ***“Order of Assignment”*** (Staple to the ***“Order of Assignment”***)
- ***“Order to Stop an Order of Assignment”*** (Staple to the Stop Order)
- ***“Notification of a Change of Employer”***

CASE NUMBER \_\_\_\_\_ ATLAS NUMBER \_\_\_\_\_

PAYOR NAME \_\_\_\_\_  
(Name of Person to Make Payment)

Social Security Number \_\_\_\_\_

List only the Employer's Name and Payroll Address where the ***“Order of Assignment”*** or ***“Stop Order of Assignment”*** should be mailed.

**CURRENT EMPLOYER NAME** \_\_\_\_\_

**PAYROLL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER ( )** \_\_\_\_\_ **FAX NUMBER ( )** \_\_\_\_\_

**PREVIOUS EMPLOYER (IF KNOWN)** \_\_\_\_\_

**PAYROLL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER ( )** \_\_\_\_\_ **FAX NUMBER ( )** \_\_\_\_\_

**SUBMITTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WA/FSC**

TYPE OF W/A \_\_\_\_\_

DATE \_\_\_\_\_

TYPE OF ORDER \_\_\_\_\_

EMPLOYER STATUS \_\_\_\_\_

ENTERED BY \_\_\_\_\_

NEW W/A \_\_\_\_\_ SUB \_\_\_\_\_

AG \_\_\_\_\_ DCSE \_\_\_\_\_

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.**

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender:    Male    Female    Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender:    Male    Female    Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Due Date _____	Due Date _____
	Thru Date _____		Thru Date _____	Med Bills _____
	Due Date _____		Due Date _____	Frequency _____